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CONFIRMATION NO. 6943

<b>SERIAL NUMBER</b> 10/660,886	<b>FILING OR 371(c) DATE</b> 09/12/2003 <b>RULE</b>	<b>CLASS</b> 700	<b>GROUP ART UNIT</b> 3661	<b>ATTORNEY DOCKET NO.</b> 157438-0008
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## APPLICANTS

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*m.m.* **\*\* CONTINUING DATA \*\*\*\*\*** *Yes*

This appln claims benefit of 60/449,666 02/24/2003

*m.m.* **\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 12/03/2003**

\*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and <i>m.m.</i> Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> <del>44</del> 40	<b>INDEPENDENT CLAIMS</b> 6
Examiner's Signature _____ Initials _____					

## ADDRESS

01622

## TITLE

Healthcare tele-robotic system with a robot that also functions as a remote station

<b>FILING FEE RECEIVED</b> 717	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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